

BRIGHAM CITY RECREATION
REGISTRATION FORM FOR
MINOR LEAGUE
(3rd & 4th Grade)

Participant's Name: _____
Address: _____
Age ____ Birth Date: _____ School Name: _____ Grade: ____
Home Phone: _____ Parent's Work/Cell Phone: _____
Email Address: _____

Brigham City Recreation does not provide any insurance for participants. It is recommended that participants have coverage of their own, prior to registration.

_____ **Consent for Medical Treatment (initial):** I, on behalf of my child, hereby consent to emergency medical or hospital care that may be rendered by a physician or hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.



FEES: *****Make Checks Payable to BCC*****

- ☐ \$35.00 Minor League Registration
- ☐ \$40.00 after April 30
- ☐ Uniform Fee \$15.00

****Players will be placed on teams on a first come first served basis****



Liability Release/Waiver & Consent

I authorize my child to participate in Baseball. I understand Baseball contains certain dangers and inherent risks, particularly if my child fails to follow written warnings or verbal instructions or engages in activities beyond his or her abilities. I will specifically look for and instruct my children on these dangers and warning signs. Knowing these risks, I believe that the benefits of my child's participation in Baseball outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Brigham City Corporation and its agents and employees from all claims arising from known, reasonable and/or inherent risks associated with my child's participation. I further understand that it is my responsibility to keep my child from participating in any activity beyond his or her abilities.

I further consent to allow my child's picture or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Recreation Department in any manner incidental to his/her participation in the activity herein, without compensation to me.

_____ Date: _____
Signature of Parent or Guardian



I would be interested in:

- ☐ Coaching Name: _____
- ☐ Assistant Coaching Phone: _____

REFUNDS:

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS
75% REFUND IF REQUEST FOR REFUND IS MADE AFTER 1ST WEEK OF PROGRAM
50% REFUND IF REQUEST FOR REFUND IS MADE AFTER 2ND WEEK OF PROGRAM
0% REFUND IF REQUEST FOR REFUND IS MADE AFTER 3RD WEEK OF PROGRAM